

The journey to self-injection of DMPA-SC in the Sahel: Ensuring women's voices are heard

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Background

Due to its unique design, the injectable contraception *subcutaneous depot medroxyprogesterone acetate (DMPA-SC)* is particularly well suited to self-injection. There is growing evidence that women are able to safely and effectively self-inject DMPA-SC following training from health care providers.

With funding from the Bill & Melinda Gates Foundation, Marie Stopes International is working in three Sahel countries, Burkina Faso, Niger and Senegal, to harness the potential of DMPA-SC self-injection to expand women's access to modern contraception.

Study aims

Collect and analyse the views of potential users, health providers and key stakeholders on the acceptability of self-injection of DMPA-SC in the private sector.

Research Questions:

- What are the current levels of knowledge and perspectives of potential users and providers of DMPA-SC?
- What are attitudes towards the acceptability of self-injection among potential users and health providers?
- What are the main barriers to adoption of self-injection among potential users and health providers?

Methods

Design: Qualitative market assessment

Setting: Burkina Faso, Niger, Senegal, minimum 5 study sites (mix rural/urban) in each country

Duration: August to October 2017

Population: Women of reproductive age (15-49), including those using and not currently using contraception; husbands and older female influencers; and key informants (health providers, local leaders).

Sampling: Purposive qualitative sampling. A total of 90 in-depth interviews with contraceptive users; 51 in-depth interviews with non-contraceptive users; 18 focus group discussions with family influencers; 49 in-depth interviews with health professionals and key informants.

Analysis: Data was analysed using a thematic approach with the support of ATLAS.ti software.

Results

There was a strong consensus across the countries and the different study populations regarding the benefits of the option to self-inject DMPA-SC, notably:

- The time and costs saved in not having to travel to, and wait at, a health facility
- The discretion of being able to self-inject, at home and away from a health facility
- That self-injection can empower a women to take control of her own health care [Burkina and Senegal only]
- The time saved by health providers that can be spent on other tasks

While we found participants to be generally positive about the introduction of the option for self-injection with DMPA-SC, several key barriers emerged:

- Despite growing awareness of the product, questions remained among potential users regarding the method, its side effects and how to use it
- Both health care providers and potential users had concerns about the technical aspects of self-injection (e.g. selecting an injection site) and the support required to ensure that women could practice it safely at home
- Connected to this were concerns related to the storage and disposal of the used syringes
- Participants also expressed concerns regarding adherence to re-injection dates for women who self-inject



“I think that the use of this method at home could overcome socio-cultural and geographical barriers, so it is necessary to properly train users to avoid any damage. If however this training is effective, why not? It's a great innovation.”

Health provider, Burkina Faso

Programme Implications

Findings point to the **potential of self-injection of DMPA-SC to expand the contraceptive choice** available to women, to improve access to contraception for underserved groups such as young people, and to empower women to take greater control of their own reproductive health care.

To ensure that women are fully supported in their use of this method, beyond the technical aspects of the safe administration of the product, self-injection explanation should also include storage and disposal of syringes. Practical methods are needed to support women in lower-resource settings to know when to re-inject and what to do if any problems. Supporting materials for self-injection will be crucial, and the format for these will need to account for varying literacy levels and some women's choice to keep their method use private. While participants expressed a preference for expert advice during any training on self-injection, there is also an important role for community-based workers in sensitising and informing women about this option.